

**APPLICATION FOR RELEASE OF DIGITAL
IMAGE/SIGNATURE**

LAW ENFORCEMENT USE ONLY

If filing this request in person, be prepared to furnish us with proof of identification. If filing this request through the mail or by fax, your signature must be notarized or the request will be returned to you unprocessed.

No officer, employee, agent, or contractor of the Department of Motor Vehicles or law enforcement officer will release a digital image or a digital signature unless the requestor is one of the following (please indicate the applicable exemption):

- a federal, state, local law enforcement agency;
- a certified law enforcement officer employed in an investigative position by a local, state or federal agency;
- a driver licensing agency of another state for the purpose of carrying out the functions of the agency upon the verification of the identity of the person requesting the release of the information and the verification of the purpose of the requester in requesting the release.

Any requestor that knowingly discloses or permits disclosure of a digital image or digital signature will be guilty of a Class I misdemeanor and will be, at the discretion of the appropriate official, removed from office or discharged.

FORM MUST BE COMPLETED IN FULL

PLEASE PRINT

Name (as it appears on driver's license): _____

Date of Birth: _____ Nebraska Driver's License Number _____

Name and Date of Birth OR Name and Nebraska Driver's License Number must be supplied before a record check can be done.

Please **Print** Your Name: _____

Agency Name: _____

Address: _____

City, State, Zip: _____

Phone Number: () _____ Email: _____

Under penalty of law, the undersigned certifies that the information requested will be used as authorized by the Uniform Motor Vehicle Records Disclosure Act. The undersigned hereby acknowledges that this request is made with the understanding that any person requesting disclosure of sensitive personal information from the Department of Motor Vehicles who misrepresents his or her identity, misrepresents the purpose for which the information requested will be used, or otherwise makes a false statement on the application shall be guilty of a class I misdemeanor.

Signature: _____ Date: _____

(Signature must be notarized below, if filing this request through the mail or by fax.)

State of _____

County of _____

The foregoing signature of the **requestor** was acknowledged before me this _____ day of _____

Notary or Designated County Official

Seal

Submit this application to:

Nebraska Department of Motor Vehicles
Driver and Vehicle Records Division
301 Centennial Mall South
PO Box 94789
Lincoln, NE 68509-4789
(402) 471-3918
Fax: (402) 471-8694

DMV Use Only

Date _____

Employee Releasing Image/Signature

Supervisor Approval